Expected Date of Prenote:	

Please check the appropriate program:								
☐ Withholding Tax — TXP Bank Project (Red Book—DOR-4585) ☐ Quarter-Monthly Sales Tax TXP Bank Project (DOR-5012)								
☐ Corporate Estimated Tax — TXP Bank Project (Green Book—DOR-4701)								
This T	PA between th	e Missouri Department	of Revenue (DOR) and _		d/b/a			
			, (Taxpayer) is e	entered into pursuant t	o authority given in the	e Revised Statutes of		
Missouri (RSMo) and the Code of State Regulations (CSR).								
The DOR and the Taxpayer agree as follows:								
1.	1. The DOR authorizes the Taxpayer to file Missouri withholding payments and returns, estimated corporate income tax payments, or sales tax quarter-monthly payments required to be filed with the DOR, pursuant to Chapters 143 and 144, RSMo, by means of electronic transmission.							
2.	Each tax report or return filed in electronic form pursuant to this TPA shall for all purposes be considered a "writing," "signed by the Taxpayer" and an "original" report or return.							
	3. The signature of the Taxpayer or the Taxpayer's authorized agent (Agent) on this TPA shall be deemed to appear on each electronically filed report or return, as if actually appearing thereon. However, if the authorization of the Agent signing this TPA on behalf of the Taxpayer ends for any reason, the Taxpayer's shall enter into a new TPA with the DOR. Any failure to comply with this provision shall result in the Taxpayer being deemed to have filed an incomplete report or return.							
4.	The Taxpayer shall not contest the validity or enforceability of any report or return filed in electronic form on the basis of the absence of a paper writing or original, or the absence of a signature thereon. Pursuant to 32.080, RSMo, as amended, any report or return generated from a report or return filed in electronic form shall be admissible in all courts and administrative agency proceeding.							
5.	5. This TPA shall not alter the filing due dates of any report or return, or the additions of any additions to tax imposed for the failure to timely file and pay complete reports or returns, as set forth in applicable statutes. For purposes of this Agreement, the Taxpayer's filing frequency and tax type code shall be:							
	Withholdin	<u>g:</u>	Quarter-Mont	hly (Weekly) 0115P	Monthly 01	15A 🗌		
	Bank Accou	ınt: 8600500	Quarterly 011	15A 🗌 Annual		0115A 🗌		
	Bank Routii	ng Number: 086507174						
	Corporate	Fetimated Tay:	Quarterly 0219C	Sales Tay: Ouarter-M	Monthly (weekly) 042 -	navment number		
	Corporate Estimated Tax: Quart Bank Account: 8600505		Quarterly 02190			Monthly (weekly) 042 + payment number 3,04,05,06,07)		
				Bank Account: 1015				
	Bank Routing Number: 086507174 Bank Routing Number: 086500634							
6.	6. This TPA may be amended only by written amendment executed by the DOR and the Taxpayer prior to the effective date thereof.							
7.	This TPA may	be terminated by eithe	r party, with or without cau	ıse, upon thirty (30) da	ys written notice.			
8.	This TPA rep	resents the entire under	standing of the parties in r	elation to the electronic	c filing of reports or retu	ırns.		
9. The place of performance of this TPA shall be deemed to be the Missouri Department of Revenue, P.O. Box 629, Jefferson City, MO 65105-0629. This TPA shall be construed according to the laws of the State of Missouri. The Taxpayer shall comply with all local, state and federal laws to the extent that same may be applicable.								
10. Each party represents and warrants that it has all necessary power and authority to enter into and perform this TPA, and that the person executing this TPA on its behalf is duly authorized to do so.								
IN WIT	NESS WHER	EOF. and intending to be	e legally bound hereby, and	d further intending to b	ind its agents, successo	ors, heirs and assigns.		
IN WITNESS WHEREOF, and intending to be legally bound hereby, and further intending to bind its agents, successors, heirs and assigns, the parties have executed this TPA this day of .								
				MONTH		YEAR		
AXPAYER'S NAME TAXPAYER'S		TAXPAYER'S SIGNATURE		TITLE				
AITS NUMBER FEIN		TAXPAYER'S TELEPHONE NUMBER	TAXPAYER'S E-MAIL ADDRES	SS	FAX TO:			
						(573) 526-5915		
PRIMARY CONTACT / PAYROLL COMPANY NAME		CONTACT / PAYROLL COMPANY TE	L ELEPHONE NUMBER	FAX:				